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In all of these experiments the time between the collection of the material from the patient and its inoculation into the volunteers was in the neighborhood of 3 or 4 hours. The conditions under which it was necessary to conduct experiments did not permit of a shorter interval. The unfiltered suspensions which were used were submitted to cultural examination after inoculation and found to contain living organisms as follows: Pfeiffer's bacillus, pneumococci of group 4, and hæmolytic streptococci.

EDITORIAL NOTE.—The foregoing experiments, though extremely interesting, do not, of course, warrant final conclusions. It is hoped that it may be possible to carry the studies further and that results may be obtained that will definitely settle the nature and the mode of spread of the virus of epidemic influenza. For the present the sanitarian will do well to continue to apply the general principles of control that are based on the justifiable assumption that the disease is a droplet infection, giving, however, increased attention to a point that is suggested by these experiments—namely, an infective period at the very earliest stages of the attack.

It would seem to be wise to give renewed emphasis to the importance of going to bed at the slightest indications of illness.

EPIDEMIC INFLUENZA.

PREVALENCE IN THE UNITED STATES.

The prevalence of influenza in the United States, as reported to the Public Health Service by State health officers, is shown under the heading "Current State Summaries," page 46, of this issue of the Public Health Reports. In general, the reports do not show decided changes in the number of cases of the disease as compared with the preceding week.

Slight increases in the number of cases are reported from Alabama, Arkansas, California, Connecticut, Kansas, Louisiana, Massachusetts, New Jersey, North Carolina, Oregon, Vermont, and Virginia. Slight decreases in the number of cases are reported from Illinois, Indiana, Iowa, Maine, and Michigan.

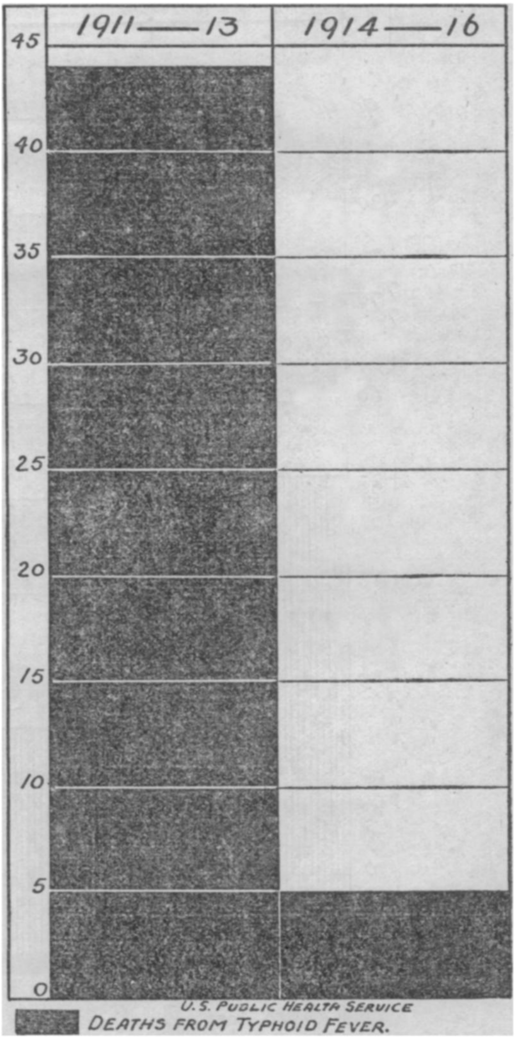
The cases reported in the zones around military camps are shown on page 50. Data from these zones for preceding weeks are given in the Public Health Reports, vol. 34, No. 1, January 3, 1919, pages 1 and 2.

RURAL SANITATION A PRESENT NECESSITY.

Time and again students of public health have called attention to the backward state of sanitary conditions in rural districts and to the influence of this on the health of city dwellers. There is considerable evidence, moreover, to show that whereas in cities health conditions, as measured by the general death rate, are quite generally improving, conditions in the rural districts are almost stationary. When one considers the many natural advantages inherent in life in the country, it is probable that the insanitary conditions responsible for the almost stationary death rate are the results of ignorance and neglect and that they are susceptible to improvement and correction.

CHART 5.

DEATHS FROM TYPHOID FEVER IN BERKELEY COUNTY, W. VIRGINIA, IN THE 3 YEARS BEFORE AND IN THE 3 YEARS AFTER SANITARY SURVEY BY U.S. PUBLIC HEALTH SERVICE.



Several years ago, in order to ascertain more definitely what are the sanitary conditions in the rural districts of the United States, and to determine what are the most feasible methods of improving or correcting such conditions, the United States Public Health Service began a survey in 15 counties located in various parts of the United States. This study has already been so fruitful that the results obtained have been embodied in a progress report, "Rural Sanitation,"[1] by Surg. L. L. Lumsden, under whose direction the work was conducted.

While the sanitary problems encountered in various parts of the country vary considerably, several of them are common to all, namely, the proper disposal of human excreta, and education of the people in health matters. In the survey just mentioned over 51,000 country homes were visited and surveyed, and nearly 20,000 of these were subsequently revisited.

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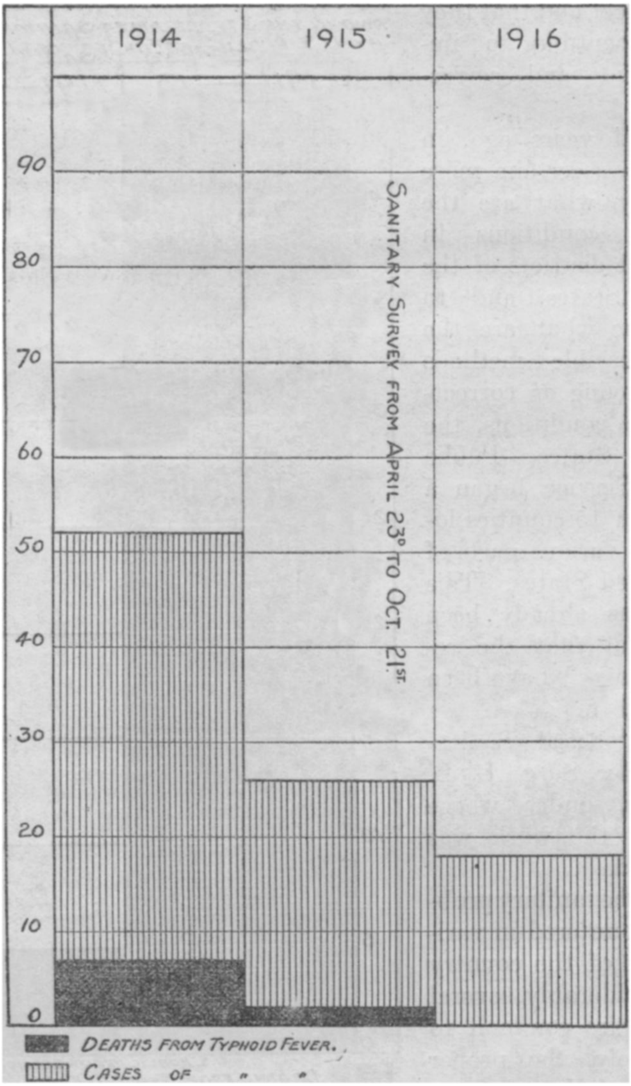
[1] Rural Sanitation, A report on special studies made in 15 counties in 1914, 1915, and 1913. Public Health Bulletin 94, October, 1918. Government Printing Office, Washington, D. C.

Of these 51,000 homes only 1.22 per cent were equipped for the sanitary disposal of human excreta; at 68 per cent the water supply used for drinking and ordinary purposes was obviously exposed to potentially dangerous contamination from privy contents or from promiscuous deposits of human excreta. In the majority of homes the water was exposed also to unwholesome pollution from stable yards and pig sties. At only 32.88 per cent of the farm houses were the dwellings during the summer season effectively screened to prevent flies from carrying filth into kitchens and dining rooms.

CHART 10:—TYPHOID FEVER REDUCTION FOLLOWING SANITARY SURVEY IN WILSON COUNTY, KANSAS.



The lack of knowledge concerning health matters paralleled the insanitary conditions disclosed by the survey, and very likely was largely responsible for these conditions. However, it is certainly encouraging to find that at only 91 of the 51,000 farm houses visited did the investigators fail to meet with a reasonably cordial reception. The people generally expressed their approval of the plan and purpose of the survey and appeared anxious to obtain suggestions about the measures needed for correction of insanitary conditions at their homes.

During the course of the work 865 public lectures were given to a total of over 105,000 persons.

So far as the results thus far obtained from this survey are concerned, it is interesting to observe the course of the typhoid fever rate, for this is generally accepted as perhaps the most reliable single index of this kind of health work. With few exceptions there was a remarkable decrease in the prevalence of typhoid fever in all the 15 counties where the work was carried on. The degree of the reduction is well shown by accompanying typical charts reproduced from the bulletin.

The work carried on in the 15 counties covered by this report shows not only that intensive public health work in rural communities is urgently needed, but that the results of well-planned work in the field are so excellent that expenditures for intensive rural health work constitute really wise economy.